Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except private foundations)

OMB No. 1545-0047 2019

▶ Do not enter social security numbers on this form, as it may be made public.

Open to Public

Dep	partment o emai Reve) .	inspection		
Ā	For the 2019 calendar year, or tax year beginning Sep 24 , 2019, and ending		Dec 31 ,2019		
_		pplicable.			dentification number
	Address (change	DELIVER MY VOTE	84-314	7970
	Name ch	•	Number and street (or P.O. box if mall is not delivered to street address) Room/suite E	Telephone	number
=	inutual retu		1250 CONNECTICUT AVE 700	(513)8	84-0133
=		City or town, state or province, country and ZIP or foreign postal code			emption
=	Amended Application	on pending	WASHINGTON, DC 20036	Number	•
		ting Method:	☐ Cash 🗵 Accrual Other (specify) ► H Ch	ock b	if the organization is not
	Nebsite	-			tach Schedule B
		• • • • • • • • • • • • • • • • • • • •		•	10-EZ, or 990-PF).
		organization:			
		•	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	sets	
			500,000 or more, file Form 990 instead of Form 990-EZ	. ▶ 6	65,000.
_	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the ins	etruction	
	GI C		the organization used Schedule O to respond to any question in this Part I.		
_	1		ons, gifts, grants, and similar amounts received	. 11	65,000.
	2		ervice revenue including government fees and contracts	. 2	
	3	-	ip dues and assessments	. 3	
	4	Investment	•	. 4	
	5a		unt from sale of assets other than inventory 5a		- ·
	b		or other basis and sales expenses		
	c		ss) from sale of assets other than inventory (subtract line 5b from line 5a)	. 6c	
	6		d fundraising events:		
	a	_	ome from gaming (attach Schedule G if greater than		
8	-	\$15,000) .			
Revenue	b	Gross inco	me from fundraising events (not including \$ of contributions		
ě			aising events reported on line 1) (attach Schedule G if the		
_	1	sum of suc	h gross income and contributions exceeds \$15,000) 6b		
	c	Less: direc	t expenses from gaming and fundraising events 6c		
,	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	act	
		line 6c) .		. 6d	
	7a	Gross sales	s of inventory, less returns and allowances		
	ь		of goods sold		
	C		t or (loss) from sales of inventory (subtract line 7b from line 7a)	. 7c	
	8	•	nue (describe in Schedule O)	. 8	
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	65,000.
_	10		similar amounts paid (list in Schedule O)	. 10	· · · · · · · · · · · · · · · · · · ·
	11		id to or for members	. 11	
8	12		her compensation, and employee benefits	. 12	
Expense	13		al fees and other payments to independent contractors	. 13	11,446.
<u> </u>	14		rent, utilities, and maintenance	. 14	332.
M	15		blications, postage, and shipping		
	16		nses (describe in Schedule O) See. Line 16. Stmt		1,396.
	17		A Like the standard of the sta	▶ 17	13,174.
Net Assets	18		deficit) for the year (subtract line 17 from line 9)	. 18	51,826.
	19		or fund balances at beginning of year (from line 27, column (A)) (must agree wi	ith E	
		end-of-year	r figure reported on prior year's return)	. 19	0.
	20	Other chan	ges in net assets or fund balances (explain in Schedule O)	. 20	
	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	▶ 21	51,826.
For Paperwork Reduction Act Notice, see the separate instructions. BAA RECEIVE REV 02/11/20 PRO Form					Form 990-EZ (2019)
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			NUN 2 2 2020	SC	
			[중] JUN 2 2 2020 [중	01	[A]

Ра	Balance Sheets (see the instructions	•				
	Check if the organization used Schedule	O to respond to a	ny question in this			
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments				22	52,158
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets				25	52,158
26	Total liabilities (describe in Schedule O)		<u> </u>		26	332
27 22-	Net assets or fund balances (line 27 of column Statement of Program Service Accom				27	51,826
Fal		•		•		Expenses
Mha	Check if the organization used Schedule t is the organization's primary exempt purpose?			Part III	(Requ	ilred for section
						:)(3) and 501(c)(4) hizations; optional for
as m	cribe the organization's program service accomplinessured by expenses. In a clear and concise mons benefited, and other relevant information for each	nanner, describe the	r its three largest p e services provided	, the number of	other	
	PUBLIC EDUCATION - PREPARED SPECIFI		LORIDA 2020 PI	LOT PROGRAM		
	(Grants \$ 0.) If this amount	includes foreign an	inte chack hara		28a	О.
29					<u> 20a</u>	
			***************************************	*******	1	

	(Grants \$) If this amount	includes foreign gra	ints, check here .	• 🗆	29a	
30						
				`		

			***************************************	>	30a	
24	(Grants \$) If this amount	includes foreign gra	ints, check here .	🗀 📗		
31	(Grants \$) If this amount Other program services (describe in Schedule O)		ints, check here			
	Other program services (describe in Schedule O) (Grants \$) If this amount	includes foreign gra	ints, check here	• 🗆	31a	
	Other program services (describe in Schedule O)	includes foreign gra	ints, check here	• 🗆		0.
	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a to 10 list of Officers, Directors, Trustees, and Key	includes foreign gra through 31a) / Employees (list each	ints, check here	pensated—see the ins	31a 32	
32	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a	includes foreign gra through 31a) / Employees (list each	ints, check here	pensated—see the ins	31a 32	
32	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a to 10	includes foreign grathrough 31a)	nnts, check here n one even if not company question in this i	pensated—see the insert IV	31a 32 struct	tions for Part IV)
32	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a to 10 list of Officers, Directors, Trustees, and Key	includes foreign grathrough 31a)	none even if not comp ny question in this i (e) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in: Part IV (d) Health benefits, contributions to emptoyee benefit plans, and	31a 32 struct	tions for Part IV)
32 Par	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a of the Check if the organization used Schedule (a) Name and title	includes foreign grathrough 31a)	none even if not comp ny question in this i	pensated—see the insepret IV	31a 32 struct	tions for Part IV)
32 Pari	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a to 1 lv List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title AN DUNN	includes foreign grathrough 31a) . / Employees (list each O to respond to an (b) Average hours per weak devoted to position	none even if not comp ny question in this i (e) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	pensated—see the insert IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation	31a 32 struct	tions for Part IV)
32 Pari BRI CHA	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a of the control of th	includes foreign grathrough 31a)	none even if not comp ny question in this i (e) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in: Part IV (d) Health benefits, contributions to emptoyee benefit plans, and	31a 32 struct	tions for Part IV)
32 Pari BRI CHA GEO	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a of the composition of the	includes foreign grathrough 31a) . / Employees (list each O to respond to an (b) Average hours per week devoted to position 20.00	none even if not comply question in this is compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	pensated—see the inspart IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation 0.	31a 32 struct	tions for Part IV) Stimated amount of her compensation 0.
32 Par BRI CHA GEO DEP	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a of the companies of t	includes foreign grathrough 31a) . / Employees (list each O to respond to an (b) Average hours per weak devoted to position	none even if not comp ny question in this i (e) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	pensated—see the insert IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation	31a 32 struct	tions for Part IV)
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32 Par BRI CHA GEO DEP JOA BOA	Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a of the composition of the board AN DUNN IRMAN OF THE BOARD RGOE AGUIRRE-SACASA UTY CHAIRMAN OF THE BOARD N FITZ-GERALD RD MEMBER K CHEDLI CARTER	includes foreign grathrough 31a). / Employees (list each O to respond to an (b) Average hours per week devoted to position 20.00	none even if not comp ny question in this i (e) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the insperience of	31a 32 struct	stimated amount of her compensation 0.
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Form 990-EZ (2019)

Page 2

Part		s in th	ie .	-age C	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in the	s Part	<u>V</u>	. 🛛	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No ×	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O See instructions				
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	34 35a		×	
c b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		×	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a	N 154	認認	觀影	
ь 38а	Did the organization file Form 1120-POL for this year?	37b 起解 38a	沙區	×	
39	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b Section 501(c)(7) organizations. Enter:				
a b	Initiation fees and capital contributions included on line 9			7 m	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	機器 40b	Seel.	×	
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×	
41	List the states with which a copy of this return is filed DC	0) 70	. 03	160	
42a	The organization's books are in care of ▶ ANCHOR CPA GROUP LLC Telephone no. ▶ (41 Located at ▶ 523 BENFIELD RD STE 204, SEVERNA PARK MD ZIP + 4 ▶ 211		1-9/		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42b		X	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			蒙蒙	
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		×	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	Yes	No	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	部 44a		AND X	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	記論 44b	Resid	遊遊 ×	
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		× ES	
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		× See	
		1,750	L		

Form 9	10-EZ (2019)				Page 4			
46	Did the organization engage, directly or							
Part	to candidates for public office? If "Yes," Section 501(c)(3) Organization All section 501(c)(3) organization	s Only						
	50 and 51. Check if the organization used So	·		•				
	Onook ii ulo organizadori adda ok	to to topone	to any quosion in a		Yes No			
47	Did the organization engage in tobbying year? If "Yes," complete Schedule C, Pa		section 501(h) election	n in effect during the				
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
49a	id the organization make any transfers to an exempt non-charitable related organization?							
ь 50	If "Yes," was the related organization a section 527 organization?							
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of			
NONE				<u> </u>				

				· · · · · · · · · · · · · · · · · · ·				

f	Total number of other employees paid or	ver \$100,000	. ▶					
51	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe	ensated independent	contractors who each	h received more than			
	(a) Name and business address of each indepen		(b) Type of servi	ce (c) Compensation			
NONE								
								
d	Total number of other independent contra	actors each receiving	over \$100,000	> <u> </u>				
52	Did the organization complete Sched completed Schedule A	ule A? Note: All se	ction 501(c)(3) organ	izations must attacl	h a .▶∐ Yes ⊠ No			
	malties of perjury, I declare that I have examined this				nowledge and belief, it is			
true, cor	ect, and complete. Declaration of preparer (other tha	n officer) is based on all into	mation of which preparer ha	 				
Sign	Six as fire of officer Date							
Here	BRIAN W DUNN, CHAIRMAN OF THE BOARD							
	Type or print name and title							
	Type or print name and title Print/Type preparer's name	Presader's signature	A Date Date	•	PTIN			
Paid Prena	Print/Type preparer's name	Pragader's signature	4 A / / . / ! AN / / A	I Check L.	PTIN yed P00828724			
Prepa	Print/Type preparer's name Lisa N. Wells Cox, CPA Print's name Anchor CPA Gro	Sup LLC	Ulb COXCA 05	/13/2020 self-emplo	yed P00828724 -3531396			
Prepa Use (Print/Type preparer's name Lisa N. Wells Cox, CPA	oup LLC Ste 204, Severn	a Park, MD 21146	/13/2020 self-emplo	yed P00828724			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

20**19**

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization	Employer Identification number
DELIVER MY VOTE	84-3147970
Pt I, Line 16:	
To I, Bine 10:	+
December Maint than and the acc	
Description: TRAVEL-LEADERSHIP RETREATS \$1,366	
Description: BANK CHARGES \$30	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

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